



## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on June 1, 2005

Anne Antonoff  
Anne Antonoff

In Re Application of:

William L. Betts

Serial No.: 09/534,696

Filed: March 24, 2000

Confirmation No.: 2506

Group Art Unit: 2634

Examiner: HA, Dac V

Docket No.: 061607-1350

**For: Space Diversity Trellis Interleaver System and Method**

The following is a list of documents enclosed:

Return Postcard

Issue Fee Transmittal & Duplicate Copy

Fee Transmittal

Amendment After Allowance

Charge Deposit Account No. 16-0255 in the amount of \$1409.00

Further, the Commissioner is authorized to charge Deposit Account No. 16-0255 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 16-0255.

Effective on 12/08/2004  
Fees Pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

**Complete if Known**

Application Number **09/534,696**  
Filing Date **March 24, 2000**  
First Named Inventor **William L. Betts**  
Examiner Name **HA, Dac V**  
Art Unit **2634**  
Attorney Docket No. **061607-1350**

☒ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$1409.00)**

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):  
☒ Deposit Account Deposit Account Number: **16-0255** Deposit Account Name: **Paradyne Corporation**  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments  
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | Filing Fees |                      | Search Fees |                      | Examination Fees |                      | Fees Paid (\$) |
|------------------|-------------|----------------------|-------------|----------------------|------------------|----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee(\$) | Fee (\$)    | Small Entity Fee(\$) | Fee (\$)         | Small Entity Fee(\$) |                |
| Utility          | 300         | 150                  | 500         | 250                  | 200              | 100                  |                |
| Design           | 200         | 100                  | 100         | 50                   | 130              | 65                   |                |
| Plant            | 200         | 100                  | 300         | 150                  | 160              | 80                   |                |
| Reissue          | 300         | 150                  | 500         | 250                  | 600              | 300                  |                |
| Provisional      | 200         | 100                  | 0           | 0                    | 0                | 0                    |                |

**2. EXCESSIVE CLAIM FEES**

|  |                     |                 |                      |                                  |                      |
|--|---------------------|-----------------|----------------------|----------------------------------|----------------------|
| <u>Fee Description</u>   |                     |                 |                      | <u>Fee (\$)</u>                  | <u>Fee (\$)</u>      |
| Each claim over 20 (including Reissues)                        |                     |                 |                      | 50                               | 25                   |
| Each independent claim over 3 (including Reissues)             |                     |                 |                      | 200                              | 100                  |
| Multiple dependent claims                                      |                     |                 |                      | 360                              | 180                  |
| <u>Total Claims</u>  | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |                      |
| -20 or HP =  |                     |                 |                      | <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u> |
| HP = highest number of total claims paid for, if great than 20 |                     |                 |                      |                                  |                      |
| <u>Indep. Claims</u>   | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |                                  |                      |
| -3 or HP =   |                     |                 |                      |                                  |                      |
| HP = highest number of total claims paid for, if great than 3  |                     |                 |                      |                                  |                      |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| -100 =       | /50=         | (round up to a whole number) x                   | =        |               |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)  
Other: **Issue Fee and Copies** **\$1409.00**

**SUBMITTED BY**

|                    |                        |                                |   |
|--------------------|------------------------|--------------------------------|---|
| Signature          |                        | Registration No. <b>48,472</b> | Telephone Number<br><b>770-933-9500</b> |
| Name: (Print/Type) | <b>Karen G. Hazzah</b> | Date:                          | <b>June 1, 2005</b>                     |